FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 25 1998 8:00am Secretary of State

1998	DIVISION OF CO	DRPORATIONS	Scoreta	ry or state
	004914 (7)			
Principal Place of Business	Mailing Address			
P.Ö. BOX 89029	P.O. BOX 88029			
MOBILE AL 36608	MOBILE AL 36608			
			DO NOT WRITE	IN THIS SPACE
			3. Date Incorporated or Qualified 09/21/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc.	Suite, Apt. #, etc.		63-0818597	Not Applicable
Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid	d the current year Intangible
24 25		0	Personal Property Tax due June	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Istered Agent
COLMENERO, RAY		81 Name b)	AN LENSCH	
3020 N W 79TH COURT B		82 Street sidre	ess (P.O. Box Number is Not Acceptable	0)
GAINESVILLE FL 32606		83	166 GICEENFIOR	<u> </u>
		[65]		
		84 City	110000	FL 85 Zip Code 7 1
11. Pursuant to the provisions of Sections 607 0502	and 607 1508 Florida Statutes		oration submits this statement for the pu	
office or registered agent, or both, in the State of agent. Familiar with and accept the obligat	f Florida. Such change was au	thorized by the corporati	on's board of directors. I hereby accep-	the appointment as registered
		ua statutes.		
SIGNATURE William Signature by red of popular at more of registered against	and trie if appreciable (NOT)	Registered Agent signature require	ed when reinstating)	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE PCD	☐ DELETE	1) TRILE		Change
NAME RAINES, JEAN O		1.2 NAME		
STREET ADDRESS P.O. BOX 88029 N/A CITY-ST-ZIP MOBILE AL		1.3 STREET ADDRESS		
CITY-ST-ZIP MODILE AL	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME BAGGETT, JAMES C	L_ DITALE	2.2 NAME		Change E Addition
STREET ADDRESS P.O. BOX 88029 N/A		2.3 STREET ADDRESS		
CITY-S1-ZIP MOBILE AL		2 4 CITY - ST-ZIP		
INTLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLÉ		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE	[] OFFETE	5.1 TITLE		Change Addition
NAME CIPEL ADDRESS		5 2 NAME		
STREET ADDRESS CITY-ST-7IP		5.3 STREET ADDRESS 5.4 CHY-ST-7IP		
TITLE	DELETE	61 TITLE		Change Addition
NAME				
		■ 62 NAME		
STREET ADDRESS		62 NAME 63 STREET ADDRESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.